# DELAWARE DIVISION OF REVENUE GROCERY SUPERMARKET MONTHLY GROSS RECEIPTS TAX RETURN - FORM LM6 9701

ACCOUNT NUMBER TAX PERIOD ENDING DUE ON OR BE FORE BUSINESS CODE GROUP DESCRIPTION

404 RET GRO SU

## **BUSINESS NAME AND ADDRESS**

Check Here If A Request For Change Form Is Being Filed

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1. TOTAL GROSS RECEIPTS \$ 00 2. LESS EXCLUSION \$ 80,000 00 3. TAXABLE GROSS RECEIPTS \$ 00 4. LESS \$2.0 MILLION \$ 2,000,000 00 5. LINE 3 MINUS LINE 4 (NOT LESS THAN ZERO) \$ 00 6. ENTER SMALLER OF LINE 3 OR LINE 4 00 \$ 7. LINE 6 X 0.00384 \$ 00 8. LINE 5 X 0.0072 (NOT LESS THAN ZERO) \$ 00 \$ 9. APPROVED TAX CREDIT 00 10. TAX DUE (ADD LINES 7 & 8 AND SUBTRACT LINE 9) 00

MAKE ANY CHANGES ON THE REQUEST FOR CHANGE FORM. CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

AUTHORIZED SIGNATURE I declare under penalties of perjury, that this is a true, correct and complete return.

If desired, provide an e-mail address where we may contact you regarding this return.

DATE TELEPHONE NUMBER

Delaware Division of Revenue
P.O. Box 2340, Wilmington, DE 19899-2340
For questions, call (302) 577-8780

Mail This Form With Remittance Payable To:

E-MAIL ADDRESS

CUT ALONG THIS LINE AND SEND THE ABOVE PORTION WITH ANY PAYMENT DUE

### **GROSS RECEIPTS TAX RETURN - MONTHLY**

Complete the return above, sign, date and file by the due date. You may file all monthly or quarterly returns at the end of the year if no tax is due on any of the returns.

To Update Your Contact/Business Information on File with Revenue:

To Change Tax Information You've Already Reported:

Remit a License Request for Change form

Remit an Amended return

#### SPECIFIC LINE INSTRUCTIONS

PLEASE NOTE: THE DIVISION OF REVENUE REQUIRES ROUNDING OF ALL AMOUNTS ON ALL GROSS RECEIPTS RETURNS.

- Line 1. Enter the amount of your total gross receipts for the tax period.
- Line 2. The exclusion for Supermarkets is \$80,000.
- Line 3. Subtract Line 2 from Line 1. This is your taxable gross receipts.
- Line 4. \$2.0 million.
- Line 5. Subtract Line 4 from Line 3. If less than zero, enter zero on Line 5.
- Line 6. Enter the smaller of Line 3 or Line 4.
- Line 7. Multiply Line 6 by .00384. If less than zero, enter zero on Line 7.
- Line 8. Multiply Line 5 by .00720. If less than zero, enter zero on Line 8.
- Line 9. Enter your supermarket's approved tax credit.
- Line 10. Add Line 7 and Line 8. Subtract this total from Line 9. This is your total amount of tax due.

If you have not already renewed this year's business license, do it now to avoid a \$200 penalty. Go to <a href="https://www.delaware.gov">www.delaware.gov</a> to renew your business license online!

#### SAMPLE COMPLETED RETURN

1.	TOTAL GROSS RECEIPTS		\$ 2,800,000.00
2.	LESS EXCLUSION		\$ 80,000.00
3.	TAXABLE GROSS RECEIPTS		\$ 2,720,000.00
4.	LESS \$2.0 MILLION		\$ 2,000,000.00
5.	LINE 3 MINUS LINE 4 NOT LESS THAN ZERO)		\$ 720,000.00
6.	ENTER SMALLER OF LINE 3 OR LINE 4		\$ 2,000,000.00
7.	LINE 6 X 0.00384	=	\$ 7,680.00
8.	LINE 5 X 0.0072 (NOT LESS THAN ZERO)	=	\$ <u>5,184.00</u>
9.	APPROVED TAX CREDIT		\$ 2,300.00
10.	TAX DUE (ADD LINES 7 & 8 AND SUBTRACT LINE 9)		\$ <u>10,564.00</u>

Monthly Gross Receipts Tax Returns are due on or before the 20th day of the month following the end of the tax period.

<b>MONTH END</b>	<b>DUE DATE</b>	MONTH END	<b>DUE DATE</b>	MONTH END	<b>DUE DATE</b>	<b>MONTH END</b>	<b>DUE DATE</b>
01/31/2009	02/20/2009	04/30/2009	05/20/2009	07/31/2009	08/20/2009	10/31/2009	11/20/2009
02/28/2009	03/20/2009	05/31/2009	06/22/2009	08/31/2009	09/21/2009	11/30/2009	12/21/2009
03/31/2009	04/20/2009	06/30/2009	07/20/2009	09/30/2009	10/20/2009	12/31/2009	01/20/2010

For questions or to speak with a customer service representative, please call Revenue's Gross Receipts Department at (302) 577-8780.